



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

March 6, 2007

Roxanne Crane, Administrator
Poplar Grove Assisted Living LLC
356 East Cleveland Avenue
Glenns Ferry, ID 83623

License #: RC-721

Dear Ms. Crane:

On February 1, 2007, a life safety code survey was conducted at Poplar Grove Assisted Living LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/slc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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February 5, 2007

Roxanne Crane, Administrator
Poplar Grove Assisted Living LLC
406 E Cleveland Ave
Glenns Ferry, ID 83623

Dear Ms. Crane:

On February 1, 2007, a life safety code survey was conducted at Poplar Grove Assisted Living LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 3, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R721	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/01/2007
NAME OF PROVIDER OR SUPPLIER POPLAR GROVE ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 406 E CLEVELAND AVE GLENN FERRY, ID 83623		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 01, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

GYO221

If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS
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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name	Physical Address	Phone Number
Poplar Grove Assisted Living	356 E Cleveland Ave	208 366 2631
Administrator	City	ZIP Code
ROXANNE CRANE	Glenns Ferry	83623
Survey Team Leader	Survey Type	Survey Date
TAYLOR BARKLEY		2-1-7

NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

3-1-7

Signature of Facility Representative
Koxanne Crane

Date Signed _____

2-1-05